

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 23 (REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE  
PREFERENCE PROGRAM CONSIDERATION)**

In evaluating bids/proposals, County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Los Angeles County, Code Chapter 2.211.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/>.

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations (38 CFR 74) and is also available on the Veterans Affairs Website at: <http://www.vetbiz.gov/>.

**CERTIFICATION**

- ☐ **I AM NOT** a Disabled Veteran Business Enterprise certified by the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs.
- ☐ **I AM** certified as a Disabled Veteran Enterprise with the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

**DISABLED VETERANS BUSINESS ENTERPRISE PREFERENCE**

Proposer understands that in no instance shall the Disabled Veteran Business Enterprise Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

---

Proposer's Name

---

Name of Authorized Representative

---

Title of Authorized Representative

---

Authorized Representative's Signature

---

Date

**REVIEWED BY COUNTY**

---

Name of Reviewer

---

Approved or Disapproved

---

Reviewer's Signature

---

Date